

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00552851	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee House Freedom Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 10 / 2018	
Mailing Address PO BOX 1948		Amount 236.85	
City Alexandria	State VA	Zip Code 22313	Transaction ID : EBC19B6B135D8414FBAB
Purpose of Expenditure IE-Cloud-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2018
Name of Federal Candidate Cloud, Michael, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 834.80		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off	

Full Name of Payee House Freedom Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 17 / 2018	
Mailing Address PO BOX 1948		Amount 4.75	
City Alexandria	State VA	Zip Code 22313	Transaction ID : E2F4ED903918F4170803
Purpose of Expenditure IE-Cloud-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 17 / 2018
Name of Federal Candidate Cloud, Michael, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 839.55		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	241.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Megan, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 08 / 2018

Signature

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(Schedule E)PAGE 2 OF 4
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NAME OF COMMITTEE (In Full) House Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00552851
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2018
Mailing Address 148 Graves Mill Rd		Amount 2321.65
City Lynchburg	State VA	Zip Code 24502
Purpose of Expenditure IE-Cloud-Direct Mail Production	Category/Type	Transaction ID : E748711D6140D4F61971 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2018
Name of Federal Candidate Cloud, Michael, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off

Full Name of Payee House Freedom Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2018
Mailing Address PO BOX 1948		Amount 71.40
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure IE-Cloud-Donation Processing	Category/Type	Transaction ID : ED4E9D1DB431548B98D6 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2018
Name of Federal Candidate Cloud, Michael, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2393.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee House Freedom Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2018		
Mailing Address PO BOX 1948			Amount 614.35		
City Alexandria	State VA	Zip Code 22313	Transaction ID : E2E95C29471374BF4A55		
Purpose of Expenditure IE-Cloud-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2018		
Name of Federal Candidate Cloud, Michael, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		3846.95	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off		

Full Name of Payee House Freedom Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2018		
Mailing Address PO BOX 1948			Amount 78.60		
City Alexandria	State VA	Zip Code 22313	Transaction ID : EC5A17FE1A21A472BAD1		
Purpose of Expenditure IE-Cloud-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2018		
Name of Federal Candidate Cloud, Michael, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		3925.55	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	692.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee House Freedom Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2018	
Mailing Address PO BOX 1948		Amount 31.75	
City Alexandria	State VA	Zip Code 22313	Transaction ID : E5441EB23EAD8430C877 Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2018
Purpose of Expenditure IE-Cloud-Donation Processing		Category/Type	
Name of Federal Candidate Cloud, Michael, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 3957.30		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Run-Off	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3359.35

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